

FY15

Abstinence Education Request For Proposal

INDIANA STATE DEPARTMENT OF HEALTH
Division of Maternal and Child Health

APPLICATION DUE DATE

Friday, May 16, 2014
5:00 PM EST

Please use this
document to
complete the
**Abstinence
Education: RFP**

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FUNDING OPPORTUNITY DESCRIPTION

PURPOSE

The purpose of this Request for Proposals (RFP) is to fund competitive grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana for the implementation or expansion of evidence-based abstinence education programs. Applicants are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to the needs of the targeted population.

SUBMISSION INFORMATION

To be considered for funding, applications must be received by ISDH no later than **Friday, May 16, 2014 at 5:00 PM EST.**

This is an electronic application and applicants are **required** to submit applications electronically. No paper applications will be accepted. For electronic submission:

SUBMIT APPLICATIONS VIA EMAIL TO LEIGH KELNER, STATE ADOLESCENT HEALTHY COORDINATOR, AT: LKelner@isdh.in.gov

TECHNICAL ASSISTANCE MEETING

ISDH will conduct a grant application workshop to provide technical assistance for the grant application procedure on Friday, April 25, 2014 from 9:00 am – 12:00 pm EST at the Indiana State Department of Health. This meeting will take place at:

Rice Auditorium
2 N. Meridian St.
Indianapolis, IN 46204

The grant application workshop meeting is optional, but organizations planning to apply for the Abstinence Education funding are encouraged to attend. Please contact Leigh Kelner (LKelner@isdh.in.gov) with any questions or details regarding the TA meeting.

DESCRIPTION OF FUNDING OPPORTUNITY

The ISDH MCH Division is requesting applications from local and statewide service providers and planning organizations (nonprofit entities, hospitals, schools, and local health departments) for competitive grant funding.

Funding will be used to implement and/or expand evidence-based or promising practice abstinence education programs. Priority will be given to applications implementing and/or expanding evidence-based programs. The following programs have been determined to be evidence-based by the United States Department of Health and Human Services: ***Promoting Health among Teens! Abstinence-Only Intervention*** and ***Making a Difference!*** Although these will be given priority, other evidence-based programs and promising practices will still be considered.

The ISDH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.)
- Contain intense, high dosage (at least 14 hours) programming implemented over a long period of time
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
- Involve multiple people with expertise in theory, research, and sex and STD/HIV education for curriculum development.

BACKGROUND OF ABSTINENCE EDUCATION FUNDING

The Title V 'State Abstinence Program' was extended through Fiscal Year 2015 under the Patient Protection and Affordable Care Act of 2010 (ACA). The funds are intended to provide abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care, children of teen parents, youth in the care of the child welfare system, idle youth (those who are not currently working or in school), school dropouts, youth living in poverty, and youth living in a single-parent household.

PRIORITY AREAS

Applicants will be required to:

- Provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity
- Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- Teach the importance of attaining self-sufficiency before engaging in sexual activity

Other priority areas include:

- Supporting effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected
- Supporting the development of statewide abstinence education programs
- Reaching high-risk and hard-to-engage populations
- Supporting a family-centered approach to abstinence education
- Reaching families in rural or frontier areas
- Support fiscal leveraging strategies to enhance program sustainability.

Applicants must consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how their programs will be inclusive of and non-stigmatizing toward such participants. If not already in place, applicants must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. **The submission of an application for this RFP constitutes an assurance that applicants have or will have such policies in place prior to receiving the award.** Applicants should ensure that all youth serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youths should be prepared to monitor claims, address them seriously, and document their corrective action(s) so that all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

AWARD INFORMATION

SUMMARY OF FUNDING

Applicants should thoroughly describe the scope of the proposed project and justify the budget request for each category of allowable services for which they are applying, for a total of **no more than \$200,000 per Fiscal Year**. Grant awards will be contingent upon Federal funding and competitiveness of applications, for a 12-month period with an anticipated start date of October 1, 2014.

Applicants should request funding for one fiscal year in their grant application submission. Funding for future fiscal years beyond the current year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of grant funds.

MCH is focused on building systems of care. Rather than funding isolated programs and services, MCH will give preference to provide funds for organizations that collaborate and build integrated systems, especially those that enhance service capacity.

ELIGIBILITY & REQUIREMENTS

Applicant organization:

- Must be a non-profit organization (as defined by IRS Tax Determination), health department, hospital, school, or other health care related entity
- Must collaborate with traditional and nontraditional agencies or organizations
- Must comply with contractual & financial requirements as listed in the Budget Section
- Must address all Required Priority Areas
- Must implement or expand an evidence-based program. Applicants may choose to implement and/or expand ***Promoting Health among Teens! Abstinence-Only Intervention or Making a Difference!***. While priority will be given to these programs, another evidence-based or promising practice program will still be considered.

Note: The applicant must fund at least 43% of the project's total cost with non-Federal resources while ISDH MCH will fund no more than 57% of the project's total cost.

EXPECTED REPORTING & PERFORMANCE CRITERIA

Applicants will be required to report quarterly and annually on specific performance criteria outlined in this RFP. Applicants must also participate in a rigorous continuous quality improvement process, performed by the Abstinence Education Program

Coordinator. Applicants will be required to track and report on the following objective efficiency measures every three months:

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Geographical areas in which the applicant has provided services.
- Total number of all service recipients who complete the program(s). Data should be recorded for each program.

Applicants will also be required to track progress towards the following objective performance measures:

Measure 1: After completion of the program, at least 75% of program participants will increase their knowledge on abstinence as the means of preventing teen pregnancy, birth, and STIs.

Measure 2: After completion of the program, at least 75% of program participants will increase their knowledge regarding the consequences of teen pregnancy.

Measure 3: After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity.

Measure 4: After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use increase vulnerability to sexual advances.

Measure 5: After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity.

ABSTINENCE EDUCATION: RFP APPLICATION

Section	Section Heading
Section 1	<u>Instructions</u>
Section 2	<u>Completion Checklist</u>
Section 3	<u>Application Cover Page</u>
Section 4	<u>Abstract</u>
Section 5	<u>Application Narrative</u> 5-A: <u>Org Capacity / Background</u> 5-B: <u>Needs Assessment</u> 5-C: <u>Goals/Objectives</u> 5-D: <u>Activities</u> 5-E: <u>Staffing Plan</u> 5-F: <u>Resource Plan</u> 5-G: <u>Evidence-Based Programming</u> 5-H: <u>Evaluation Plan</u> 5-I: <u>Literature Citations</u>
Section 6	<u>Budget Information</u> 6-A: Budget Revenue FY 2015 6-B: Budget Match FY 2015 6-C: Budget Expenses FY 2015 6-D: Budget Narrative FY 2015
Section 7	<u>Required Attachments</u> 7-A: <u>BioSketches</u> 7-B: <u>Job Descriptions</u> 7-C: <u>Timeline</u> 7-D: <u>Action Plan Tables</u> 7-E: <u>Outcome Forms</u>
Section 8	<u>Additional Required Documents</u> 8-A: <u>IRS Tax Determination Letter</u> 8-B: <u>Org Chart & Program Specific Org Chart</u> 8-C: <u>Letters of Support / Agreement / MOUs</u>

SECTION 1: INSTRUCTIONS

Please use the **ABSTINENCE EDUCATION APPLICATION** document for all required Application Information. The application, in its entirety, including all supplemental information, cannot exceed 50 pages with one-inch margins using an easily readable 12-point font. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. If you must alter the application document for any reason, it must be IDENTICAL to the original. The following outlines each Section that must be completed in the **ABSTINENCE EDUCATION: RFP Application** document.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

SECTION 3: IMPORTANT INFORMATION

In Section 3, Important Information, please list Name, Title, and signature of the following individuals within the applicant agency:

- Authorized Executive Official
- Project Director
- Person of Contact
- Person Authorized to make legal and contractual agreements

Please ensure that all contact information provided is up-to-date and correct.

SECTION 4: SUMMARY

In Section 4, the Summary, please provide the reviewer a succinct and clear overview of the proposed project. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Briefly describe the purpose of the proposed project and the anticipated accomplishments (goals), including knowledge gained, and describe the measurable objectives to achieve the accomplishments. Please include how the project will achieve the goals of the priority areas.
- Briefly describe the target population (e.g., race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific

interventions proposed are expected to have a substantial, positive impact on the appropriate performance measure(s).

SECTION 5: APPLICATION NARRATIVE

In Section 5, the Application Narrative, all required headings are listed with respective character limitations. Please do not alter the format of the document.

SECTION 5-1: ORGANIZATION BACKGROUND / CAPACITY (2000 CHARACTER LIMIT)

This section will enable the reviewers to gain a clear understanding of the applicant organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- Discuss how the history, capability, experiences, and major accomplishments of any partnering organizations relate to the proposed project.

SECTION 5-2: EVIDENCE-BASED PROGRAMMING (2000 CHARACTER LIMIT)

Identify the evidence-based program(s) or promising practice service that will be expanded or implemented, and discuss how the service(s) address(es) the purpose, goals and objectives of the proposed project. Please cite any sources of the information. For Evidence-based programs, discuss how the model(s) will be implemented and/or expanded with fidelity to the national model.

SECTION 5-3: NEEDS STATEMENT (4000 CHARACTER LIMIT)

This section must describe the nature of the problem(s) and the need for and significance of the project in the specific community and/or population as it relates to the priority areas. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe the population(s) of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, geography must be provided).
- Describe the geographic area(s) to be served.

- Use data to describe the needs and extent of the needs (e.g., current prevalence rates or incidence data) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Please cite all references (do not include copies of sources).
- Describe how the needs were identified.
- Describe resources currently available to your target population and identify gaps in service.
- Demonstrate how the applicant agency and its partner organization have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) and language(s) of the population(s) of focus.

Documentation of needs may come from a variety of reliable and valid sources, including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g., from State Needs Assessment), and/or National data.

SECTION 5-4: PROJECT GOALS AND OBJECTIVES (2000 CHARACTER LIMIT)

This section must describe how the program intends to achieve outlined Abstinence Education priority areas. It should clearly describe each priority area and objectives for achieving the required priority measurements and goals.

- Provide the overall project goal and each objective. Ensure the objectives are *Specific, Measurable, Achievable, Realistic, and Time-bound (SMART Objectives)*.
- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access to care, decreased teen pregnancy rates, increase number of referrals to outside partners, increase number of clients with health insurance).

SECTION 5-5: ACTIVITIES (6000 CHARACTER LIMIT)

This section must describe the activities of the project. These must relate to the proposed objectives.

- Describe how the proposed evidence-based abstinence education program will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of the language, beliefs, norms and values, and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g., collaborating with community gatekeepers).
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.
- Show that the necessary groundwork (e.g., planning, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery begin as soon as possible and no later than four months after the grant award.
- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-6: STAFFING PLAN (4000 CHARACTER LIMIT)

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort or full-time equivalency (FTE) and qualifications as it relates to the project.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.

- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure that the Staffing Plan matches the personnel listed in the [Bio-Sketches](#) and positions listed in [Job Descriptions](#).

SECTION 5-7: RESOURCE PLAN / FACILITIES (2000 CHARACTER LIMIT)

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.
- Explain how the facilities and equipment are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

SECTION 5-8: EVALUATION PLAN (6000 CHARACTER LIMIT)

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the [required priority measurements](#).

Outcome Evaluation (for each of the bullets below, please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to meet the Abstinence Education priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the Abstinence Education measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).

- Describe the plan for maintenance of fidelity to the evidence-based model.
- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how Abstinence Education outcome data will be used to guide applicant's abstinence education program in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-9: SUSTAINABILITY PLAN (2000 CHARACTER LIMIT)

Outline a plan for how the program activities will be sustained at the conclusion of Abstinence Education funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of Abstinence Education funding
- Plans to continue collaborating partnerships

SECTION 5-10: LITERATURE CITATIONS (2000 CHARACTER LIMIT)

In this section, please list complete citations for all references cited, including (American Psychological Association [APA] style is recommended):

- Document title
- Author
- Agency
- Year
- Website (if applicable)

SECTION 6: BUDGET

The **ABSTINENCE EDUCATION: RFP APPLICATION** document includes formats for each of the required attachments listed below. For budget-related questions, please contact Laura Betzinger, MCH Business Manager, LBetzinger1@isdh.in.gov, (317) 233-7461.

SECTION 6-1: FY 2015 BUDGET REVENUE

Please use the **ABSTINENCE EDUCATION: RFP APPLICATION** document, Section 6-1 to fill out the required Budget Revenue information.

Sources of Anticipated Revenue

- List all anticipated revenue according to source. All revenue used to support the project operations must be budgeted.

SECTION 6-2: FY 2015 BUDGET NARRATIVE

Please use the **ABSTINENCE EDUCATION: RFP APPLICATION** document, Section 6-2 to fill out the required Budget Narrative information for the Fiscal Year indicated.

The Budget Narrative must include a justification for every Abstinence Education line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the Abstinence Education budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.44 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

- Round all amounts to the nearest dollar.

Schedule A:

- For each individual staff, provide the name of the staff member and a brief description of their role in the project.
- If multiple staff are entered in one row (for instance, 111.400 Nurses), a single description may be provided if applicable.
- Calculations must be provided for each staff member in the Calculations column. This calculation should be in the form: Salary = \$/hr x hours/week x weeks/year.
- Fringe may be calculated for all staff. If different fringe rates are used for different categories of staff, Fringe may be calculated by category.

Schedule B:

- List each contract, each piece of equipment, general categories of supplies (office supplies, medical supplies, etc.), in-State travel by staff member, and significant categories in Other Expenditures (such as Indirect) in the appropriate column. Provide calculations as appropriate.
- Calculations are optional for Contractual Services.
- Travel must be calculated for each staff member who will be reimbursed and may not exceed \$0.44 per mile.

Note: The applicant must fund at least 43% of the project's total cost with non-Federal resources while ISDH MCH will fund no more than 57% of the project's total cost.

SCHEDULE A - CHART OF ACCOUNT CODES

111.000 PHYSICIANS

Clinical Geneticist	OB/GYN
Family Practice Physician	Other Physician
General Family Physician	Pediatrician
Genetic Fellow	Resident/Intern
Medical Geneticist	Substitutes/Temporaries
Neonatologist	Volunteers

111.150 DENTISTS/HYGIENISTS

Dental Assistant	Substitutes/Temporaries
Dental Hygienist	Volunteers
Dentist	

111.200 OTHER SERVICE PROVIDERS

Audiologist	Outreach Worker
Child Development Specialist	Physical Therapist
Community Educator	Physician Assistant
Community Health Worker	Psychologist
Family Planning Counselor	Psychometrist
Genetic Counselor (M.S.)	Speech Pathologist
Health Educator/Teacher	Substitutes/Temporaries
Occupational Therapist	Volunteers

111.350 CARE COORDINATION

Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
Physician	Substitutes/Temporaries
Registered Dietitian	Volunteers
Registered Nurse	

111.400 NURSES

Clinic Coordinator	Other Nurse
Community Health Nurse	Other Nurse Practitioner
Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
Family Practice Nurse Practitioner	Registered Nurse
Licensed Midwife	School Nurse Practitioner
Licensed Practical Nurse	Substitutes/Temporaries
OB/GYN Nurse Practitioner	Volunteers

111.600 SOCIAL SERVICE PROVIDERS

Caseworker	Social Worker (B.S.W.)
Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
Counselor	Volunteers
Counselor (M.S.)	

SCHEDULE A - CHART OF ACCOUNT CODES (CONTINUED)

111.700 NUTRITIONISTS/DIETITIANS

Dietitian (R.D. Eligible)
Nutrition Educator
Nutritionist (Master Degree)

Registered Dietitian
Substitutes/Temporaries
Volunteers

111.800 MEDICAL/DENTAL/PROJECT DIRECTOR

Dental Director
Medical Director

Project Director

111.825 PROJECT COORDINATOR**111.850 OTHER ADMINISTRATION**

Accountant/Finance/Bookkeeper
Administrator/General Manager
Clinic Aide
Clinic Coordinator (Administration)
Communications Coordinator
Data Entry Clerk
Evaluator
Genetic Associate/Assistant
Laboratory Assistant

Laboratory Technician
Maintenance/Housekeeping
Nurse Aide
Other Administration
Programmer/Systems Analyst
Secretary/Clerk/Medical Record
Substitutes/Temporaries
Volunteers

115.000 FRINGE BENEFITS**200.700 TRAVEL**

Conference Registrations
In-State Staff Travel

Out-of-State Staff Travel

200.800 RENTAL AND UTILITIES

Janitorial Services
Other Rentals
Rental of Equipment and Furniture

Rental of Space
Utilities

200.850 COMMUNICATIONS

Postage (including UPS)
Printing Costs
Publications

Reports
Subscriptions
Telephone

200.900 OTHER EXPENDITURES

Insurance and Bonding

Insurance premiums for fire, theft, liability, fidelity bonds, etc. Malpractice insurance premiums cannot be paid with grant funds. However, matching and non-matching funds can be used.

Maintenance and Repair

Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.

Other

Approved items not otherwise classified above.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for MCH and CSHCN projects and may not be paid for with MCH/CSHCN or MCH/CSHCN Matching Funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel; and
15. Legislative lobbying.

The following may be claimed as project cost for MCH/CSHCN projects and may only be paid for with specific permission from the both the Director of MCH and the Director CSHC:

1. Equipment;
2. Out-of-state travel; and
3. Dues to societies, organizations, or federations.

All equipment costing \$1,000 or more that is purchased with MCH/CSHCN and/or MCH/CSHCN Matching Funds, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.

For further clarification on allowable expenditures please contact: Laura Betzinger, MCH Business Manager, LBetzinger1@isdh.in.gov, (317) 233-7461.

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-1: BIO-SKETCHES (INSTRUCTIONS)

For positions already filled, provide a brief Bio-Sketch for five key personnel (note: there may be more than five positions, but please include only five Bio-Sketches).

SECTION 7-2: JOB DESCRIPTIONS (INSTRUCTIONS)

For positions to be announced and positions currently filled, please provide a brief Job Description for up to five key personnel (note: there may be more than five positions, but please include only five Job Descriptions).

SECTION 7-3: TIMELINE (INSTRUCTIONS)

Please include a minimum of the following information in the Timeline:

- List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the [Activities](#) narrative.

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following required documents (no specific format required) with the **ABSTINENCE EDUCATION: RFP APPLICATION** submission.

Please refer to the [SUBMISSION INFORMATION](#) section for more information.

SECTION 8-1: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **ABSTINENCE EDUCATION: RFP Application** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-2: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **ABSTINENCE EDUCATION: RFP Application** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

ATTACHMENT 8-3: LETTERS OF SUPPORT / AGREEMENT / MOUS (10 PAGES MAX)

Please include with the submission of the **ABSTINENCE EDUCATION: RFP Application** document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.

DESCRIPTIONS OF REQUIRED PRIORITY AREAS

Priority Programs: Funding will be used to implement and/or expand evidence-based or promising practice abstinence education programs. The following programs have been determined to be evidence-based by the United States Department of Health and Human Services: ***Promoting Health Among Teens!*** ***Abstinence-Only Intervention*** and ***Making a Difference!*** Although these will be given priority, other evidence-based programs and promising practices will still be considered.

The ISDH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.)
- Contain intense, high dosage (at least 14 hours) programming implemented over a long period of time
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
- Involve multiple people with expertise in theory, research, and sex and STD/HIV education for curriculum development.

Priority Elements: To provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity; to teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; to teach the importance of attaining self-sufficiency before engaging in sexual behavior; to support effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected; to support the development of statewide abstinence education programs; to reach high-risk and hard-to-engage populations; to support a family-centered approach to abstinence education; to reach families in rural or frontier areas; and to support fiscal leveraging strategies to enhance program sustainability.

Priority Client Enrollment: Priority should be given to serve eligible clients who are:

- Youth in or aging out of foster care
- GLTBQ youth
- Youth aged 10-15 years old
- Children of teen parents
- Youth in the care of the child welfare system
- Idle youth (those who are not currently working or in school)
- School dropouts
- Youth living in poverty
- Youth living in a single-parent household
- Youth living in counties with the highest rates of out-of-wedlock pregnancies to adolescent females

Priority Measurements: Applicants must also participate in a rigorous continuous quality improvement process, performed by the Abstinence Education Program Coordinator. Applicants will be required to track and report on the following objective efficiency measures:

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Total number of all service recipients who complete the program. Data should be recorded for each program.
- Geographical areas in which the applicant has provided services.

Forms A-D, Unduplicated Count of Clients Served (Form A), Hours of Service Received by Clients (Form B), Program Completion Data (Form C), and

Communities Served (Form D) will be given to all grantees of these abstinence education funds. It will then be the responsibility of the grantees to complete each of these forms for their program and report back to ISDH on the data every 3 months for the duration of their grant award.

Applicants will also be required to track progress towards the following objective performance measures:

Measure 1: After completion of the program, at least 75% of program participants will increase their knowledge on abstinence as the means of preventing teen pregnancy, birth, and STIs. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 2: After completion of the program, at least 75% of program participants will increase their knowledge regarding the consequences of teen pregnancy. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 3: After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 4: After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use increase vulnerability to sexual advances. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 5: After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

ADDITIONAL RESOURCES

MCH CONTACTS

ABSTINENCE EDUCATION CONTACTS

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